

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																											
1 Date of Request: <u>7-14-05</u>		2 Serial/Patent # <u>10/521356</u>																																									
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;">\$</td><td style="width: 95%; text-align: center;">50</td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> </table>	\$	50	\$		\$		\$		\$		\$		\$		\$		\$		\$	
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11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> TYPED/PRINTED NAME: <u>John Anders</u> SIGNATURE: <u>[Signature]</u> OFFICE: <u>PT DO/EO</u> </td> <td style="width: 40%;"> TITLE: <u>Paralegal Specialist</u> PHONE: <u>308-9140 ext 211</u> </td> </tr> </table>				TYPED/PRINTED NAME: <u>John Anders</u> SIGNATURE: <u>[Signature]</u> OFFICE: <u>PT DO/EO</u>	TITLE: <u>Paralegal Specialist</u> PHONE: <u>308-9140 ext 211</u>																																						
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: